Post Office Box 4368 Baton Rouge, Louisiana 70821

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TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT

		(ANNUAL)
⊠ORIGINAL REPORT ☐ AMENDED REPORT		This Report Covers Calendar Year: 2010
☑ I currently hold an office that would As such, I have completed SCHEDULE	d require me to L.	file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement.
Office/Position Held: Senator:	Senate District 3	6
Name of Filer (print full name) Ro	bert R. Adley	
Mailing Address 611 Jess	e Jones Drive	
City, State, Zip Benton, LA	71006	
Name of Spouse (print full name)	Claudia H Adle	у
Spouse's Occupation Co-O	wner, Pelican G	as Management, Inc.
Spouse's Principal Business	Address 611	Jessie Jones Drive
City, State, Zip Benton, LA	71006	
Check all that apply:		
⊠I have filed my state income tax i	return for the	previous year.
☐ I have filed for an extension of m	y state incom	tax return for the previous year.
☑I have filed my federal income ta		
		me tax return for the previous year.
	y federal inco	me tax return for the previous year AND I am requesting an
	<u>Certif</u>	ication of Accuracy
I do hereby certify, after hav	ving been duly	sworn, that the information contained in this personal financial
		st of my knowledge, information, and belief.
Dr. 1100		
Signature of Filer	5	1.14
	Sworn	to and subscribed before me this 2th day of May, 2011.
		VOLANDAJ. DIXON
		(Ngtary Public (print name)
		Calanda Negor
		Notary Public (signature)
		ID# BAR ROLL #2000
Revised May 2011		Date Commission Expires
	š.	Form 416A www.athics.state.la.us

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Schedule A: Employment Information

Check if not applicable		
⊠Filer □Spouse	⊠Full-Time	e
Job Title: President, Co-Owner		
Name of Employer: Pelican Gas M	anagement, Inc	
Address: 611 Jessie Jones	Dr	
City, State, Zip: Benton, LA	71006	
Job Description:President, all ma	inagerial respo	nsibilities
∏Filer ⊠Spouse	⊠Full-Time	Part-Time
Job Title: Treasurer, Co-Owner		
Name of Employer: Pelican Gas M.	anagement, Inc	
Address: 611 Jessie Jones	Dr	
City, State, Zip: Benton, LA	71006	
Job Description: Management ar	d Accounting	
□Filer □Spouse	Full-Time	Part-Time
Job Title:	:	
Name of Employer:		
Address:		
City, State, Zip:		
Job Description:		
□Filer □Spouse	Full-Time	Part-Time
Job Title:		
Name of Employer:		
Address:		
City, State, Zip:		
Job Description:		

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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Schedule B: Positions - Business

Check if not applicable	·	
☐Filer ☐Spouse ⊠Bot	h	
Amount of Interest (amount exceeds 1	0%): 100	%
Name of Business: Pelican Gas Mar	agement, Inc.	
Address: 611 Jessie Jones	Dr	
City, State, Zip: Benton, LA	71006	
Business Description: Manages the pur	chase, transport and b	alancing of natural gas supplies for parish and municipally owned gas distribution systems in Louisiana
Nature of Association: President a	nd Co-owner; s	pouse-Treasurer and Co-owner
Filer Spouse Bot	h	
Amount of Interest (amount exceeds 1	0%):	<u></u> %
Name of Business:		
Address:		
City, State, Zip:		
Business Description:		
Nature of Association:		
☐Filer ☐Spouse ☒Bot	h	
Amount of Interest (amount exceeds 1	0%): <u>1</u> 00	<u></u> %
Name of Business: ABCO Petroleum	Corporation	
Address: 611 Jessie Jones	Drive	
City, State, Zip: Benton, LA	71006	
Business Description: No longer	operating	
Nature of Association: President a	nd Owner; Spo	ise-Treasurer

^{*} You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule B: Positions - Business

Check if not applicable
□Filer □Spouse ⊠Both
Amount of Interest (amount exceeds 10%): 100 %
Name of Business: RACA, LLC
Address: 611 Jessie Jones Drive
City, State, Zip: Benton, LA 71006
Business Description: Investments
Nature of Association: co-owner and President; spouse co-owner and Treasurer
Filer Spouse Both
Amount of Interest (amount exceeds 10%): 0 %
Name of Business:
Address:
City, State, Zip:
Business Description:
Nature of Association:
Filer Spouse Both
Amount of Interest (amount exceeds 10%):%
Name of Business:
Address:
City, State, Zip:
Business Description:
Nature of Association:

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^{*} You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule **C**: Positions - Nonprofit

Check if not applicable	
□Filer ⊠Spouse	
Name of Organization: Old State Capi	tol Foundation Board
Address: 100 North Boulevard	
City, State, Zip: Baton Rouge, LA	A 70801
Nature of Association: Board Membe	r
Description of Organization: Preser	vation of the Old State Capitol Building
□Filer □Spouse	
Name of Organization:	
Address:	
City, State, Zip:	
Nature of Association:	
Description of Organization:	
Filer Spouse	
Name of Organization:	
Address:	
City, State, Zip:	
Nature of Association:	
Description of Organization:	

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Schedule D: Income from the State, Political

Check if not applicable Subdivisions and/or Gaming Interests
Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: □State ⊠Political Subdivision □Gaming Interest
Name of Business (if applicable): Pelican Gas Management, Inc.
Name of Income Source: Louisiana Municipal Natural Gas Authority
Address: 800 North 10th Street
City, State, Zip: Baton Rouge, LA 70801
Amount of Income (exact dollar amount): \$ 0.00 THE WEBSITE FORM WILL TAKE A COMMONT, ONLY A NUMBER \$ 0.00 NET OF OPERATIONS 4 439,000 WAS the GROSS
☑Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)
Type of Income: ⊠State □Political Subdivision □Gaming Interest
Name of Business (if applicable):
Name of Income Source: Louisiana Senate
Address: POBox 94183
City, State, Zip: Baton Rouge, LA 70801
Amount of Income (exact dollar amount): \$ 22,558.00
⊠Filer □Spouse □Business (where amount of interest exceeds 10%)
Type of Income: □State □Political Subdivision □Gaming Interest
Name of Business (if applicable):
Name of Income Source: Louisiana State Employees Retirement System
Address: P.O. Box 44213
City, State, Zip: Baton Rouge, LA 70804
Amount of Income (exact dollar amount): \$ 16,906.00

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

^{*} You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

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Schedule E: Income Received from Employment

Check if not applicable	E	mployment
⊠Filer □Spouse ⊠	Full-Time	Part-Time
Name of Source of Income: Pelican of	Sas Manageme	nt, Inc
Address: 611 Jessie Jones Dri	ve	
City, State, Zip: Benton, LA 7	1006	
Nature of Services Rendered (pursuant to such employment):	ident: Natura	l Gas Management
Amount of Income: Category I (less t	han \$5,000)	Category II (\$5,000-\$24,999)
Category III (\$25	,000-\$100,000)	Category IV (more than \$100,000)
□Filer ⊠Spouse □I	full-Time	Part-Time
Name of Source of Income: Pelican (as Managemei	it, Inc
Address: 611 Jessie Jones Dr		
City, State, Zip: Benton, LA 7	1006	
Nature of Services Rendered (pursuant to such employment):	surer, natura	gas accounting
Amount of Income: Category I (less t	han \$5,000)	Category II (\$5,000-\$24,999)
☐ Category III (\$25	,000-\$100,000)	Category IV (more than \$100,000)
Filer Spouse I	ull-Time 🔲	Part-Time
Name of Source of Income:		
Address:		
City, State, Zip:		
Nature of Services Rendered (pursuant to such employment):		
Amount of Income: Category I (less the	han \$5,000)	Category II (\$5,000-\$24,999)
Category III (\$25	,000-\$100,000)	Category IV (more than \$100,000)

^{*} You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

^{*}Income that is reported on SCHEDULE D does not have to be estated on SCHEDULE E.

^{*}Income received through self-employment is reported on SCHEDULE F.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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SCITE SCITE	tuule r	Income Received from
☐ Check if not applicable	Bus	ness Interests
AGGREGATE AMOUNT OF INCO	ME RECEIV	ED FROM BUSINESS INTERESTS:
Category I (less than \$5,000)	Category II (\$5	000-\$24,999)
Category III (\$25,000-\$100,000)	Category IV (m	ore than \$100,000)
⊠Filer □Spouse		
Name of Business: Pelican Gas Mar	nagement, Inc	
Address: 611 Jessie Jones Dr		
City, State, Zip: Benton, LA 7	1006	
Nature of services rendered or reason income was received:	ental Income	
☐Filer ⊠Spouse		
Name of Business: Pelican Gas Man	agement, Inc	
Address: 611 Jessie Jones Dri	ve	
City, State, Zip: Benton, LA 7	1006	
Nature of services rendered or reason income was received:	ental Income	
Filer Spouse		
Name of Business:		
Address:		
City, State, Zip:		
Nature of services rendered or reason income was received:		

^{*}You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

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Schedule G: Other Income

at exceeds \$1,000 from each source)
Category II (\$5,000-\$24,999)
Category IV (more than \$100,000)
table Remainder Trust
Beneficiary of Charitable Remainder Trust
Category II (\$5,000-\$24,999)
Category IV (more than \$100,000)
table Remainder Trust
Beneficiary of Charitable Remainder Trust
Category II (\$5,000-\$24,999)
Category IV (more than \$100,000)

^{*}You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

^{*}Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

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Schedule H: Immovable Property

Check if not applied	cable	(a property	that	exceeds \$2,000 in value)	
□Filer □Spouse	⊠Both				
Location of Proper Country: USA Description of Propert		State: Louisiar	a	Parish/County:	Bossier
Home, Office Build	ling and 8 acr	es of land			
Fair Market or Use Value:		[less than \$5,000)] (\$25,000-\$100,00	10)	☐ Category II (\$5,000-\$24,999) ☑ Category IV (more than \$100,000)	
☐Filer ☐Spouse	⊠Both				
Location of Proper		State: Louisiar	a	Parish/County:	East Baton Rouge
Description of Propert 2nd home	y:				
Fair Market or Use Value:		(less than \$5,000) ((\$25,000-\$100,00	0)	☐ Category II (\$5,000-\$24,999) ☐ Category IV (more than \$100,000)	
Filer Spouse	⊠Both				
Location of Proper Country: USA	ty	State: Louisian	a	Parish/County:	Bossier
Description of Propert	y:				
Investment Proper	ty for future o	evelopment	-9 a	acres	
Fair Market or Use Value:		(less than \$5,000)	0)	Category II (\$5,000-\$24,999) Category IV (more than \$100,000)	
		1	1		

^{*} You are required to disclose the location by country, state, and parish/county.

* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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Schedule H: Immovable Property

Check if not applied	cable	(a property	that exceeds \$2,000 in value)	
□Filer □Spouse	⊠Both	·		
Location of Proper Country: USA	ty	State: Louisian	a Parish/County:	Bossier
Description of Propert	y:			
Rural timber acrea	ge			
Fair Market or	Category I	less than \$5,000)	Category II (\$5,000-\$24,999)	
Use Value:	Category II	I (\$25,000-\$100,00	0) 🔀 Category IV (more than \$100,000)	
Filer Spouse	Both			
Location of Proper Country: Description of Propert		State:	Parish/County:	
Fair Market or	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
Use Value:	Category II	(\$25,000-\$100,00	0) Category IV (more than \$100,000)	
□Filer □Spouse	Both			
Location of Proper Country:	ty	State:	Parish/County:	
Description of Propert	y:			
	:			
Fair Market or Use Value:		less than \$5,000)	Category II (\$5,000-\$24,999)	
ose varue.		(\$25,000-\$100,00	0) Category IV (more than \$100,000)	

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^{*} You are required to disclose the location by country, state, and parish/county.

* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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Schedule : Investment Holdings

Check if not applicable	(an investmer	t holding that exceeds \$5,000)
□Filer □Spouse ⊠Both		
Name of Security:		
San Juan BRTY Trust		
Description of Security:		
Equitities in Limited Partnership	purchased th	rough Merrill Lynch
□Filer □Spouse ⊠Both		
Name of Security:		
Louisiana LCL Gov Env		·
Description of Security:		·
Municipal Bonds purchased thro	ugh Merrill L	ynch
☐Filer ☐Spouse ⊠Both		
Name of Security:		
Bristol Meyers Squibb, CO		
Description of Security:		
Equities purchased through Mer	rill Lynch	

^{*} You are required to complete SCHEDULE I if you or your spot se holds investment securities where each investment security has a value that exceeds \$5,000.

^{*} You are not required to disclose variable annuities, variable fe insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

^{*} You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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Schedule : Investment Holdings

Check if not applicable	(an investmen	t holding that exceeds \$5,000)
☐Filer ☐Spouse ⊠Both		·
Name of Security:		
Regency Energy Partners		
Description of Security:		
Equities purchased through Mer	rill Lynch	
Filer Spouse Both		
Name of Security:		
Description of Security:		
TEilor Tonous TD-th		
Filer Spouse Both		
Name of Security:		
Description of Security:		
best profit of security.		

^{*} You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

^{*} You are not required to disclose variable annuities, variable less insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

^{*} You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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Schedule J: Transactions

Check if not applicab	le (a transact	tion that exceeds \$5,000)
□Filer □Spouse	⊠Both	
Transaction Date: Nov	ember 2010	
Description of Transac	tion:	
Movie Tax Credits		
Amount of Transaction:	Category I (less than \$5,00	00)
	Category III (\$25,000-\$10	00,000) Category IV (more than \$100,000)
☐Filer ☐Spouse	□Both	
Transaction Date:		
Description of Transac	tion:	
Amount of Transaction		
Amount of Transaction:	Category I (less than \$5,00	
	Category III (\$25,000-\$10	00,000) Category IV (more than \$100,000)
□Filer □Spouse	□Both	
Transaction Date:		
Description of Transact	tion:	
Amount of Transaction:	Category I (less than \$5,00	
	Category III (\$25,000-\$10	00,000) Category IV (more than \$100,000)

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

^{*} You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

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Schedule K: Liabilities

☐ Check if not applicable	(a liabili	y that exceeds \$10,000)
Filer Spouse		
Name of Creditor: Dalric Beauregard: C	wner Financing	Land Purchase
Address: 905 Modica Street		
City, State, Zip: Bossier City, L	A 71112	
Name of Guarantor (If applicable):		
☐Filer ⊠Spouse		·
Name of Creditor: Same as above		
Address:		
City, State, Zip:		
Name of Guarantor (If applicable):		
Filer Spouse		
Name of Creditor:		
Address:		
City, State, Zip:		
Name of Guarantor (If applicable):		
Filer Spouse		
Name of Creditor:		
Address:		
City, State, Zip:		
Name of Guarantor (If applicable):		
period.		se owes any liability which exceeds \$10,000 on the last day of the reporting property, if such loan does not exceed the purchase price of the movable
your spouse owns any interest, provided that	the liability is in	cured, which is guaranteed by you or your spouse for a business in which you or the name of the business and, if the liability is a loan, that you or your spouse
does not use proceeds from the loan for pers *You are not required to disclose any loan by	a licensed financ	al institution which loans money in the ordinary course of business.
*You are not required to disclose any liability	resulting from a	consumer credit transaction as defined in R.S. 9:3516(13). family member, unless such family member is a registered lobbyist, or his
principal or employer is a registered lobbyist, contract with the State.	or he employs o	is a principal of a registered lobbyist, or unless such family member has a
		onsumer credit sale but does not include a motor vehicle credit transaction

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Schedule L: Other Offices/Positions Held

Check if not applicable				
Name of Office/Position: Milita	ary Family Assist	ance Board member		
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:				
Name of Office/Position:				

^{*}You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under Section 1124.2.1 or 1124.3.

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Schedule M: Positions - Business

Check if not applicable	1	pleted by members of the Ethics Adjudicatory Board and ard, and the administrator of the Ethics Administration)
□Filer □Spouse	Both	
Name of Business:		
Address:		
City, State, Zip: _		
Business Description: _		
Nature of Association:	į.	
Amount of Interest:		. %
□Filer □Spouse	□Both	
Name of Business:		
Address:		
City, State, Zip: _		
Business Description: _		
Nature of Association:		
Amount of Interest:		%
□Filer □Spouse	Both	
Name of Business:		
Address		
City, State, Zip: _		
Business Description: _		
Nature of Association:		
Amount of Interest:		%
L		

* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

^{*} You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

^{*} You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

^{* &}quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule N: Income from the State and/or Political Subdivisions

Check if not applicable

(to be completed by men bers of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

□ Filer □ Spouse □ Business Type of Income: □ State □ Political Subdivision Name of Business (if applicable): □ Name of Income Source: □ Address: □ City, State, Zip: Amount of Income (exact dollar amount): \$ □ □ Filer □ Spouse □ Business Type of Income: □ State □ Political Subdivision Name of Business (if applicable): □ Name of Income Source: □ Address: □ City, State, Zip: Amount of Income (exact dollar amount): \$ □ □ Filer □ Spouse □ Business Type of Income: □ State □ Political Subdivision Name of Business (if applicable): □ Name of Business (if applicable):
Name of Business (if applicable): Name of Income Source: Address: City, State, Zip: Amount of Income (exact dollar amount): \$ Filer
Name of Income Source: Address: City, State, Zip: Amount of Income (exact dollar amount): \$ Filer
Address: City, State, Zip: Amount of Income (exact dollar amount): \$ Filer
City, State, Zip: Amount of Income (exact dollar amount): \$
City, State, Zip: Amount of Income (exact dollar amount): \$ Filer
□Filer □Spouse □Business Type of Income: □State □Political Subdivision Name of Business (if applicable): □Name of Income Source:
Type of Income: State Political Subdivision Name of Business (if applicable): Name of Income Source: Address: City, State, Zip: Amount of Income (exact dollar amount): \$ Filer Spouse Business Type of Income: State Political Subdivision
Name of Business (if applicable): Name of Income Source: Address: City, State, Zip: Amount of Income (exact dollar amount): \$ Filer
Name of Income Source: Address: City, State, Zip: Amount of Income (exact dollar amount): \$ Filer
Address: City, State, Zip: Amount of Income (exact dollar amount): \$ Filer
City, State, Zip: Amount of Income (exact dollar amount): \$ Filer
City, State, Zip: Amount of Income (exact dollar amount): \$ Filer
□Filer □Spouse □Business Type of Income: □State □Political Subdivision
Type of Income: State Political Subdivision
Name of Business (if applicable):
Name of Income Source:
Address:
City, State, Zip:
Amount of Income (exact dollar amount): \$

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.

^{*} You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

^{*} You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

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Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

	,	,
Filer Spouse		,
Name of Governmental Entity:		
'		
Nature of Contract/Sub-Contract:		
Value (of thing of economic value) Der	ived:	
Filer Spouse		
Name of Governmental Entity:		
N		
Nature of Contract/Sub-Contract:		
Value (of thing of economic value) Der	ived:	
Filer Spouse		
Name of Governmental Entity:		
Nature of Contract/Sub-Contract:		
Value (of thing of economic value) Der	ived:	
Filer Spouse		
Name of Governmental Entity:		
Nature of Contract/Sub-Contract:		
Value (of thing of economic value) Der	ived:	

Revised May 2011

Check if not applicable

^{*} You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

^{*} You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

^{*} You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

^{*&}quot;Thing of Economic Value" means money or any other thing aving economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).